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CONFIRMATION NO. 6801

Bib Data Sheet

SERIAL NUMBER 10/037,386	FILING OR 371(c) DATE 12/21/2001 RULE	CLASS 156	GROUP ART UNIT 1791	ATTORNEY DOCKET NO. (13426)
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APPLICANTS

Ronald Michalski, Glendale Heights, IL;
 Michael J. Christensen, Parkers Prairie, MN;
 David A. Lindquist, Alexandria, MN;
 Kyle R. Gugisberg, Glenwood, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

STEVEN W. WEINRIEB
 LAW OFFICES OF STEVEN W. WEINRIEB
 8717 COLD SPRING
 POTOMAC, MD20854

TITLE

LINEAR STAMP APPLICATOR MACHINE AND METHOD OF OPERATING THE SAME

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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